

## APPLICATION DATA SHEET

### Application Information

Application number::	10/688,289
Filing Date::	10/16/03
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	Post-biopsy cavity treatment implants and methods
Attorney Docket Number::	RUBI5873CIP
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	19
Small Entity?::	Yes
Petition Included?::	No
Secrecy Order in Parent Appln.?::	No

### Applicant Information

Applicant Authority Type::	Inventor1
Primary Citizenship Country::	US
Primary Citizenship Status::	Full Capacity
Given Name::	Ary
Middle Name::	S.
Family Name::	Chernomorsky
City of Residence::	Walnut Creek
State of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	900 Placer Rider Road
City of Mailing Address::	Walnut Creek
State of Mailing Address::	CA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	94596

Applicant Authority Type:: Inventor2  
 Primary Citizenship Country:: US  
 Primary Citizenship Status:: Full Capacity  
 Given Name:: James  
 Middle Name:: W.  
 Family Name:: Vetter  
 City of Residence:: Portola Valley  
 State of Residence:: CA  
 Country of Residence:: US  
 Street of Mailing Address:: 117 Solana Road  
 City of Mailing Address:: Portola Valley  
 State of Mailing Address:: CA  
 Country of Mailing Address:: US  
 Postal or Zip Code of Mailing Address:: 94028

Applicant Authority Type:: Inventor3  
 Primary Citizenship Country:: US  
 Primary Citizenship Status:: Full Capacity  
 Given Name:: Simon  
 Family Name:: Chernomorsky  
 City of Residence:: Orinda  
 State of Residence:: CA  
 Country of Residence:: US  
 Street of Mailing Address:: 20 Irwin Way  
 City of Mailing Address:: Orinda  
 State of Mailing Address:: CA  
 Country of Mailing Address:: US  
 Postal or Zip Code of Mailing Address:: 94563

### Correspondence Information

Correspondence Customer Number::	22430
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### Representative Information

Representative Customer Number::	22430
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee Name::	Rubicor Medical, Inc.
Street of Mailing Address::	600 Chesapeake Drive
City of Mailing Address::	Redwood City
State of Mailing Address::	CA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	94063